Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning JUL 1, 2010, and ending JUN 30, 2011

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ **See instructions.**

OMB No. 1545-1879

2010

Name of exempt organization	Employer identification number
THE JOHNS HOPKINS HOSPITAL	52-0591656

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶ [X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	1826726232
2a	**Form 990-EZ** check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	**Form 8868** check here ▶ [ ]	b **Balance due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ [signature] Signature of officer — 5-10-12 Date ▶ VP FINANCE & TREASURER Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only					
ERO's signature ▶		Date	Check if also paid preparer [ ]	Check if self-employed [ ]	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN	
				Phone no.	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only					
Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self- employed	PTIN	
Firm's name ▶			Firm's EIN ▶		
Firm's address ▶			Phone no.		

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**

Form **8453-EO** (2010)

023061 01-14-11

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: THE JOHNS HOPKINS HOSPITAL

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 3910 KESWICK RD, SOUTH BLDG, 4TH FL — Room/suite: 4300A

City or town, state or country, and ZIP + 4: BALTIMORE, MD 21211

D Employer identification number: 52-0591656

E Telephone number: (443)997-5724

G Gross receipts $ 3093748685.

F Name and address of principal officer: RONALD J WERTHMAN SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.HOPKINSMEDICINE.ORG/HOPKINSHOSPITAL

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1867 M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX,

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	10677
6	Total number of volunteers (estimate if necessary)	6	1359
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,694,580.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-287,192.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	87,933,797.	107,508,487.
9	Program service revenue (Part VIII, line 2g)	1,621,804,058.	1,683,315,342.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,478,355.	13,717,417.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,053,733.	22,184,986.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,742,269,943.	1,826,726,232.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,801,260.	2,787,891.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	648,059,418.	667,391,227.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	934,361,242.	977,004,488.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,585,221,920.	1,647,183,606.
19	Revenue less expenses. Subtract line 18 from line 12	157,048,023.	179,542,626.
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	2,375,941,191.	2,611,735,848.
21	Total liabilities (Part X, line 26)	1,444,671,302.	1,401,817,470.
22	Net assets or fund balances. Subtract line 21 from line 20	931,269,889.	1,209,918,378.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ RONALD J WERTHMAN, VP FINANCE & TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 89922409. including grants of $ 0.) (Revenue $ 118,524,807.)
NEUROSURGERY

THE DEPARTMENT OF NEUROSURGERY AT THE JOHNS HOPKINS HOSPITAL CONTINUES ITS MISSION TO IMPROVE THE LIVES OF PATIENTS BY BUILDING UPON A TRADITION OF DEEP COLLABORATION. THE DEPARTMENT IS COMPRISED OF 21 FULL TIME CLINICAL NEUROSURGEONS THAT PROVIDE CARE TO OUR PATIENTS WITH THE HELP OF SPECIALIZED NURSES AND OTHER HEALTH CARE PROVIDERS IN THE OPERATING ROOMS, OUTPATIENT CLINICAL BUILDING, AND OUR INPATIENT CRITICAL CARE AND ACUTE CARE UNITS. THE JOHNS HOPKINS HOSPITAL HAS BEEN RANKED #1 IN THE 2011 U.S. NEWS & WORLD REPORT RANKINGS OF AMERICAN HOSPITALS AND THE NEUROLOGY AND NEUROSURGERY SPECIALTY AT JOHNS HOPKINS HOSPITAL IS CURRENTLY RANKED NUMBER ONE IN THE NATION.

4b (Code:) (Expenses $ 73513982. including grants of $ 0.) (Revenue $ 82464040.)
CARDIAC SURGERY

THE CARDIOLOGISTS, CARDIAC SURGEONS, INTERVENTIONAL RADIOLOGISTS, AND VASCULAR SURGEONS AT THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE WORK TOGETHER TO PROVIDE HIGH QUALITY, COMPREHENSIVE CARE AND THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE.

FOR GENERATIONS, PEOPLE WITH SERIOUS HEART PROBLEMS HAVE TURNED TO JOHNS HOPKINS CARDIOLOGISTS AND CARDIAC SURGEONS FOR HELP. RECOGNIZED WORLDWIDE, HOPKINS CARDIOLOGISTS PROVIDE COMPREHENSIVE CARE OF THE HIGHEST QUALITY, ENSURING THAT PATIENTS RECEIVE THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE. OUR CARDIOLOGY PROGRAM FEATURES EXPERT

4c (Code:) (Expenses $ 196,989,316. including grants of $ 0.) (Revenue $ 260,665,392.)
ONCOLOGY

SINCE ITS INCEPTION IN 1973, THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT THE JOHNS HOPKINS HOSPITAL HAS BEEN DEDICATED TO BETTER UNDERSTANDING HUMAN CANCERS AND FINDING MORE EFFECTIVE TREATMENTS. ONE OF ONLY 40 CANCER CENTERS IN THE COUNTRY DESIGNATED BY THE NATIONAL CANCER INSTITUTE (NCI) AS A COMPREHENSIVE CANCER CENTER, THE JOHNS HOPKINS KIMMEL CANCER CENTER HAS ACTIVE PROGRAMS IN CLINICAL RESEARCH, LABORATORY RESEARCH, EDUCATION, COMMUNITY OUTREACH, AND PREVENTION AND CONTROL. THE KIMMEL CANCER CENTER IS THE ONLY COMPREHENSIVE CANCER CENTER IN THE STATE OF MARYLAND. IT ENCOMPASSES A WIDE SPECTRUM OF SPECIALTY PROGRAMS FOR BOTH ADULTS AND CHILDREN COPING WITH CANCER,

4d Other program services. (Describe in Schedule O.)
(Expenses $ 1,140,867,814. including grants of $ 2,787,891.) (Revenue $ 1,217,966,523.)

4e **Total program service expenses** ▶ 1,501,293,521.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [ ]

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	604			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10677			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THE CORPORATION - 443-997-5724

3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, STE. 4300A, BALTIMORE, MD 21211

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
C. MICHAEL ARMSTRONG CHAIRMAN	1.00	X						0.	0.	0.
FRANCIS X. KNOTT VICE CHAIRMAN	1.00	X						0.	0.	0.
LENOX D. BAKER, M.D. JR. TRUSTEE	1.00	X						0.	0.	0.
DEIDRE A. BOSLEY TRUSTEE	1.00	X						0.	0.	0.
GEORGE L. BUNTING, JR. TRUSTEE	1.00	X						0.	0.	0.
JAMES T. DRESHER, JR. TRUSTEE	1.00	X						0.	0.	0.
IRA T. FINE, M.D. TRUSTEE	1.00	X						0.	0.	0.
CHRISTOPHER W. KERSEY, M.D. TRUSTEE	1.00	X						0.	0.	0.
TRACI S. LERNER TRUSTEE	1.00	X						0.	0.	0.
EDWARD D. MILLER, M.D. VICE CHAIRMAN	1.00	X		X				0.	2,265,490.	12,199.
MILTON H. MILLER, JR. TRUSTEE	1.00	X						0.	0.	0.
RONALD R. PETERSON PRESIDENT	1.00	X		X				0.	1,620,305.	246,617.
CHARLES H. SALISBURY JR. TRUSTEE	1.00	X						0.	0.	0.
RONALD J. DANIELS, J.D., LL.M TRUSTEE	1.00	X						0.	0.	0.
GEORGE J. DOVER, M.D. TRUSTEE	1.00	X						0.	0.	0.
RICHARD O. DAVIS, PH.D V.P., INNOVATION & PT SAFE	1.00			X				0.	535,503.	37,974.
KENNETH GRANT V.P., GENERAL SERVICES	1.00			X				0.	422,306.	35,208.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DALAL J. HALDEMAN, PH.D V.P., MKTG & COMMUNICATION	1.00			X				0.	339,955.	73,753.
KAREN B. HALLER, PH.D. V.P., NURSING & P.C. SVCS	40.00			X				367,283.	0.	42,383.
HARRY KOFFENBERGER V.P., CORPORATE SERCURITY	1.00			X				0.	284,565.	17,461.
SALLY W. MACCONNELL V.P., FACILITIES	1.00			X				0.	509,272.	24,941.
PAMELA D. PAULK V.P., HUMAN RESOURCES	1.00			X				0.	550,911.	22,394.
JOANNE E. POLLAK V.P. & GENERAL COUNSEL	1.00			X				0.	814,195.	40,318.
STEPHANIE L. REEL V.P., MANAGEMENT SYSTEMS &	1.00			X				0.	0.	0.
JUDY A. REITZ, SC.D EXECUTIVE V.P. & C.O.O	1.00			X				0.	868,298.	33,080.
REDONDA G. MILLER, M.D. V.P. MEDICAL AFFAIRS	1.00			X				0.	0.	0.
1b Sub-total ▶								367,283.	8,210,800.	586,328.
c Total from continuation sheets to Part VII, Section A ▶								5,627,292.	1,996,630.	1,061,962.
d Total (add lines 1b and 1c) ▶								5,994,575.	10207430.	1,648,290.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 693

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK BANKS A JOINT VENTURE, 7500 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	CONTRACTORS	136068876.
MCIC VERMONT INC, 900 ASHWOOD PKWY, STE 400, ATLANTA, GA 30338	INSURANCE	27,792,765.
PERKINS AND WILL INC, 15057 COLLECTIONS CENTER DR, CHICAGO, IL 60693	CONTRACTORS	14,321,628.
BROADWAY TRANSPORT SERVICE INC 3709 EAST MONUMENT ST, BALTIMORE, MD 21205	TRANSPORT SERVICE	10,071,654.
QUEST DIAGNOSTICS (SOUTHEASTERN PA) 3 GIRALDA FARMS, MADISON, NJ 07940	LAB SERVICES	7,761,284.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 132

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
G. DANIEL SHEALER, JR. V.P. CORP. COMPLIANCE & SE	1.00			X				0.	446,857.	35,525.
RONALD J. WERTHMAN V.P. FINANCE & TREASURER	1.00			X				0.	859,311.	35,060.
SAMUEL H. CLARK, JR. ASSISTANT SECRETARY	1.00			X				0.	289,447.	108,573.
STUART ERDMAN ASSISTANT TREASURER	1.00			X				0.	401,015.	125,048.
EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	40.00				X			313,783.	0.	39,242.
ROBERT SCHEU DIRECTOR, PERIOPERATIVE SV	40.00				X			258,428.	0.	59,099.
JOHN HUNDT ADMINISTRATOR SURGERY	40.00				X			265,302.	0.	20,309.
STEVEN MANDELL SR DIRECTOR INFO SVCS	40.00				X			235,365.	0.	36,260.
JAMES SCHEULEN ADMINISTRATOR	40.00				X			254,437.	0.	31,616.
SHELLEY BARANOWSKI DIRECTOR OF NURSING	40.00				X			196,858.	0.	36,739.
JANE HILL ADMINISTRATOR NEURO	40.00				X			200,827.	0.	29,004.
RENEE DEMSKI SR DIRECTOR OF QUALITY	40.00				X			239,014.	0.	34,521.
TERRY LANGBAUM ADMIN. COMPREHENSIVE CANCE	40.00				X			217,334.	0.	29,876.
CHRISTINA LUNDQUIST ADMINISTRATOR ACCM	40.00				X			284,536.	0.	18,799.
DIANN SNYDER DIRECTOR OF NURSING	40.00				X			168,654.	0.	29,377.
DANIEL ASHBY SR DIRECTOR PHARMACY	40.00				X			212,659.	0.	33,907.
RICHARD THOMAS ADMINISTRATOR	40.00				X			210,489.	0.	29,116.
KAREN DAVIS DIRECTOR OF NURSING	40.00				X			182,565.	0.	28,411.
MARTIN BLEDSOE ADMINISTRATOR	40.00				X			189,649.	0.	28,442.
JAMES HEDEMAN SR. DIRECTOR INFO SVCS	40.00				X			174,589.	0.	24,105.
Total to Part VII, Section A, line 1c										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
HOWARD GWON ADMINISTRATOR	40.00				X			224,291.	0.	26,186.
SHARON KRUMM DIRECTOR OF NURSING	40.00				X			186,213.	0.	17,386.
CHARLES BARBARA ADMINISTRATOR	40.00				X			207,940.	0.	29,434.
JAHANSHA BEHZAD ADMINISTRATOR	40.00				X			224,887.	0.	27,144.
WALKER WYLIE EXECUTIVE MANAGEMENT	40.00					X		415,159.	0.	33,317.
LOUIS CROCETTI, III CLINICAL PHARMACIST	40.00					X		199,236.	0.	28,390.
KAREN HAUCK NURSING COORDINATOR	40.00					X		184,504.	0.	24,968.
ALAN COLTRI CHIEF SYSTEMS ARCHITECT	40.00					X		202,189.	0.	33,167.
STEPHANIE HUGHES NURSE CLINICIAN	40.00					X		178,384.	0.	28,941.
Total to Part VII, Section A, line 1c								5,627,292.	1,996,630	1,061,962.

Part VIII Statement of Revenue

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	32,989,494.				
	e	Government grants (contributions)	1e	4822727.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	69,696,266.				
	g	Noncash contributions included in lines 1a-1f: $		10,500.				
	h	**Total.** Add lines 1a-1f ▶			107,508,487.			
Program Service Revenue				Business Code				
	2 a	NET PATIENT SRV		446110	1,221,661,103.	1,217,966,523.	3,694,580.	
	b	ONCOLOGY REVENUE		446110	260,665,392.	260,665,392.		
	c	NEUROSURGERY REVENUE		446110	118,524,807.	118,524,807.		
	d	CARDIAC REVENUE		446110	82,464,040.	82,464,040.		
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			1,683,315,342.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			14,145,253.			14,145,253.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross Rents	453000.					
	b	Less: rental expenses						
	c	Rental income or (loss)	453000.					
	d	Net rental income or (loss) ▶			453,000.			453,000.
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	1265159000.					
	b	Less: cost or other basis and sales expenses	1265141170.	445666.				
	c	Gain or (loss)	17,830.	-445,666.				
	d	Net gain or (loss) ▶			-427,836.			-427836.
	8 a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a	233455.				
	b	Less: direct expenses	b	0.				
	c	Net income or (loss) from fundraising events ▶			233,455.			233,455.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a	2,586,411.				
	b	Less: cost of goods sold	b	1,435,617.				
	c	Net income or (loss) from sales of inventory ▶			1150794.			1,150,794.
		Miscellaneous Revenue		Business Code				
	11 a	MISCELLANEOUS REV.		900099	17,168,832.			17,168,832.
	b	CAFETERIA INCOME		900099	2676641.			2,676,641.
	c	VENDING MACHINES		900099	252,486.			252,486.
	d	All other revenue		900099	249,778.			249,778.
	e	**Total.** Add lines 11a-11d ▶			20,347,737.			
	12	**Total revenue.** See instructions. ▶			1,826,726,232.	1,679,620,762.	3,694,580.	35,902,403.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,787,891.	2,787,891.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,815,103.		4,815,103.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	499749066.	447497962.	52,251,104.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	41,660,004.	36,948,258.	4,711,746.	
9 Other employee benefits	80,440,654.	71,342,822.	9,097,832.	
10 Payroll taxes	40,726,400.	36,120,245.	4,606,155.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,584,133.	2,291,868.	292,265.	
c Accounting	2,575,953.	2,284,613.	291,340.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	424,599.	376,576.	48,023.	
13 Office expenses	370826395.	363308513.	7,517,882.	
14 Information technology				
15 Royalties				
16 Occupancy	2,942,200.	2,629,322.	312,878.	
17 Travel	3,097,416.	9,219.	3,088,197.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	975,965.	865,584.	110,381.	
20 Interest	9,861,342.	8,746,023.	1,115,319.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,156,496.	61,334,896.	7,821,600.	
23 Insurance	23,543,473.	23,338,498.	204,975.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PURCHASED SERVICES JHU	203776716.	182173079.	21,603,637.	
b PURCHASED SERVICES	172875972.	153266688.	19,609,284.	
c BAD DEBT	38,242,963.	38,242,963.	0.	
d SWAP INTEREST	19,078,103.	17,170,293.	1,907,810.	
e ORGAN PROCUREMENT	18,720,303.	18,720,303.	0.	
f All other expenses	38,322,459.	31,837,905.	6,484,554.	
25 **Total functional expenses.** Add lines 1 through 24f	1,647,183,606.	1,501,293,521.	145890085.	0.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		252,388,845.	1	153,388,153.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		23,830,549.	3	25,613,960.
	4	Accounts receivable, net		125,820,414.	4	167,572,669.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		65,893,616.	7	54,640,762.
	8	Inventories for sale or use		35,011,323.	8	36,281,470.
	9	Prepaid expenses and deferred charges		5,141,528.	9	5,483,529.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,850,549,203.			
	b	Less: accumulated depreciation	10b 514,360,294.	1,173,840,338.	10c	1,336,188,909.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		468,338,124.	12	676,232,846.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		225,676,454.	15	156,333,550.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,375,941,191.	16	2,611,735,848.
Liabilities	17	Accounts payable and accrued expenses		182,482,642.	17	213,153,645.
	18	Grants payable		2,848,317.	18	2,680,513.
	19	Deferred revenue		106,800.	19	
	20	Tax-exempt bond liabilities		818,534,818.	20	808,683,473.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		440,698,725.	25	377,299,839.
	26	**Total liabilities.** Add lines 17 through 25		1,444,671,302.	26	1,401,817,470.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		532,769,849.	27	748,391,488.
	28	Temporarily restricted net assets		398,500,040.	28	461,526,890.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		931,269,889.	33	1,209,918,378.
	34	Total liabilities and net assets/fund balances		2,375,941,191.	34	2,611,735,848.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI .... [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1826726232.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1647183606.
3	Revenue less expenses. Subtract line 2 from line 1	3	179,542,626.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	931,269,889.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	99,105,863.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1209918378.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII .... [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [X] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization THE JOHNS HOPKINS HOSPITAL
Employer identification number 52-0591656

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [X] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization	Employer identification number
THE JOHNS HOPKINS HOSPITAL	52-0591656

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. .... ▶ $ ________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
THE JOHNS HOPKINS HOSPITAL	52-0591656

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 350,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 65,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 114,775.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 80,561.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
THE JOHNS HOPKINS HOSPITAL	52-0591656

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8		$ 13,152.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11		$ 195,605.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12		$ 5,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		$ 5,880.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14		$ 157,616.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18		$ 19,292.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
THE JOHNS HOPKINS HOSPITAL	52-0591656

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		$ 19,615.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
20		$ 7,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
21		$ 220,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
22		$ 235,773.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
23		$ 277,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
24		$ 650,747.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
THE JOHNS HOPKINS HOSPITAL	52-0591656

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		$ 761,756.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
26		$ 2,760,729.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
27		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
28		$ 45,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
29		$ 10,058.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
30		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		$ 92,757.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
32		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
33		$ 100,108.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
34		$ 8,960.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
35		$ 6,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
36		$ 939,454.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
38		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
39		$ 254,596.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
40		$ 852,865.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
41		$ 222,586.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
42		$ 8,636.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
44		$ 9,422.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
45		$ 1,824,210.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
46		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
47		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
48		$ 26,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
50		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
51		$ 8,244.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
52		$ 79,970.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
53		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
54		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
56		$ 99,976.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
57		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
58		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
59		$ 44,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
60		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
62		$ 5,362.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
63		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
64		$ 11,160.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
65		$ 1,789,494.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
66		$ 31,200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		$ 131,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
68		$ 10,500.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
69		$ 176,609.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
70		$ 360,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
THE JOHNS HOPKINS HOSPITAL	52-0591656

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
68	ONE JOSEPH SHEPPARD PAINTING AND ONE GRACE HARTIGAN PAINTING.	$ 10,500.	12/14/10

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
THE JOHNS HOPKINS HOSPITAL	52-0591656

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization THE JOHNS HOPKINS HOSPITAL
Employer identification number 52-0591656

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds.
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ ________ %

b Permanent endowment ▶ ________ %

c Term endowment ▶ ________ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,429,394.		5,429,394.
b Buildings		429651089.	211361005.	218290084.
c Leasehold improvements		3,215,285.	2,140,273.	1,075,012.
d Equipment		451093205.	279211727.	171881478.
e Other		961160230.	21,647,289.	939512941.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,336,188,909.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) U.S. TREASURY NOTES &		
(B) BONDS	105,721,946.	END-OF-YEAR MARKET VALUE
(C) CORPORATE BONDS	156,643,003.	END-OF-YEAR MARKET VALUE
(D) MORTGAGE BACKED		
(E) SECURITIES	123,947,613.	END-OF-YEAR MARKET VALUE
(F) EQUITY INVESTMENTS	34,571,860.	END-OF-YEAR MARKET VALUE
(G) ALTERNATIVE INVESTMENTS	87,324,736.	END-OF-YEAR MARKET VALUE
(H) EQUITY AND EQUITY FUNDS	128,516,261.	END-OF-YEAR MARKET VALUE
(I) FIXED INCOME FUNDS	39,507,427.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	676,232,846.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM OTHERS	21,302,481.
(2) DUE FROM AFFILIATES	2,875,617.
(3) CASH CAPITAL PROJECTS	7,516,302.
(4) SPECIAL INV. FUND	61,758,065.
(5) FINANCING EXPENSES - BONDS	44,734,061.
(6) DEPT LT - MARRIOTT NUTR SERV	350,000.
(7) OTHER ASSETS	15,919,293.
(8) PREPAID PENSION COSTS	1,877,731.
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	156,333,550.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY	66,902,567.
(3) DUE TO AFFILIATES	8,782,356.
(4) OTHER LIABILITIES	116,838,288.
(5) WORKERS COMP TAIL LIABILITY	8,781,773.
(6) POST RETIREMENT BENEFITS	1,546,343.
(7) EST. MALPRACTICE COSTS	41,178,489.
(8) PENSION LIABILITY	133,270,023.
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	377,299,839.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1826726232.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1647183606.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	179,542,626.
4	Net unrealized gains (losses) on investments	4	25,903,793.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	73,202,070.
9	Total adjustments (net). Add lines 4 through 8	9	99,105,863.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	278,648,489.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,854,046,793.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	25,903,793.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	25,903,793.
3	Subtract line **2e** from line **1**			3	1,828,143,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	-1,416,768.		
c	Add lines **4a** and **4b**			4c	-1,416,768.
5	Total revenue. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 12.)*			5	1,826,726,232.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,629,521,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,629,521,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	17,662,606.		
c	Add lines **4a** and **4b**			4c	17,662,606.
5	Total expenses. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18.)*			5	1,647,183,606.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS MORE LIKELY THAN NOT THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THE JOHNS HOPKINS HOSPITAL HAS ADOPTED THIS GUIDANCE, AND THERE WAS NO IMPACT ON ITS

Part XIV Supplemental Information *(continued)*

FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2011 AND 2010.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

AUDIT/BOOK ADJUSTMENT	212.
MINIMUM PENSION LIABILITY	49,239,521.
CHANGE IN MKT VAL. OF SWAP AGREEMENT	24,207,127.
NET ASSETS RELEASED	-244,790.
TOTAL TO SCHEDULE D, PART XI, LINE 8	73,202,070.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ASSET SALE	17,830.
RECLASS OF COGS	-1,435,617.
AUDIT/BOOK ADJUSTMENT	1,019.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-1,416,768.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS	-1,435,617.
ASSET SALE	17,830.
AUDIT/BOOK ADJUSTMENT	2,290.
INTEREST ON SWAP	19,078,103.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	17,662,606.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number 52-0591656

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 BEST DRESS SALE (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	164,000.	59,000.	10,455.	233,455.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	164,000.	59,000.	10,455.	233,455.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				233,455.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: ____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☒ 150% ☐ 200% ☐ Other ____ %	3a	X	
b	Did the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 270 %	3b	X	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			27,202,168.	0.	27,202,168.	1.69%
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			27,202,168.		27,202,168.	1.69%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			24,972,761.	962,415.	24,010,346.	1.49%
f Health professions education (from Worksheet 5)			98,022,730.	0.	98,022,730.	6.09%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			75,000.	0.	75,000.	.00%
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,161,324.	0.	1,161,324.	.07%
j **Total.** Other Benefits			124,231,815.	962,415.	123,269,400.	7.65%
k **Total.** Add lines 7d and 7j			151,433,983.	962,415.	150,471,568.	9.34%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			599,220.	0.	599,220.	.04%
2	Economic development			467,500.	0.	467,500.	.03%
3	Community support			314,420.	0.	314,420.	.02%
4	Environmental improvements			43,266.	0.	43,266.	.00%
5	Leadership development and training for community members			26,116.	0.	26,116.	.00%
6	Coalition building			249,775.	0.	249,775.	.02%
7	Community health improvement advocacy			2,488,798.	0.	2,488,798.	.15%
8	Workforce development			192,656.	0.	192,656.	.01%
9	Other			2,542,791.	0.	2,542,791.	.16%
10	Total			6,924,542.		6,924,542.	.43%

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		X
2	Enter the amount of the organization's bad debt expense (at cost)	2	29,041,314.		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.				
Section B. Medicare					
5	Enter total revenue received from Medicare (including DSH and IME)	5	401928810.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	360731428.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	41,197,382.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				
Section C. Collection Practices					
9a	Did the organization have a written debt collection policy during the tax year?		9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	X	

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 THE JOHNS HOPKINS HOSPITAL 600 NORTH WOLFE STREET BALTIMORE, MD 21287	X								

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: N/A

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in its community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care: ____ %			

Part V Facility Information *(continued)* N/A

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care: ______ %			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available on request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other actions (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other actions (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):			
a ☐ Notified patients of the financial assistance policy on admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)* N/A

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18		
If "No," indicate the reasons why (check all that apply):			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

		Yes	No
19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		
If "Yes," explain in Part VI.			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?	21		
If "Yes," explain in Part VI.			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7: A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A & 7B (CHARITY CARE AND UNREIMBURSED MEDICAID). THE AMOUNTS FOR LINES 7E-7I COMES FROM OUR HSCRC COMMUNITY BENEFIT REPORT FILED WITH THE STATE OF MARYLAND AND IS NOT BASED ON A COST-TO CHARGE RATIO.

PART I, LINE 7G: THE JOHNS HOPKINS HOSPITAL DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

PART I, LN 7 COL(F): THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $38,242,963.

PART II: IN FY 2011, THE JOHNS HOPKINS HOSPITAL COMMUNITY BENEFIT PROGRAM INCLUDED NUMEROUS INITIATIVES THAT SUPPORT THE HOSPITALS EFFORTS TO MEET THE NEEDS OF THE COMMUNITY. THESE INITIATIVES ARE DECENTRALIZED AND USE A VARIETY OF METHODS TO IDENTIFY COMMUNITY NEEDS. OVER 190 PROGRAMS AND INITIATIVES WERE CARRIED OUT BY CLINICAL AND OPERATIONAL DEPARTMENTS AT THE JOHNS HOPKINS HOSPITAL, AND 54 PROGRAMS AND

Part VI Supplemental Information

INITIATIVES WERE CARRIED OUT BY OPERATIONAL DEPARTMENTS/UNITS IN THE JOHNS HOPKINS HEALTH SYSTEM. COMMUNITY HEALTH PROGRAMS AND INITIATIVES UNDERTAKEN DURING FY2011 INCLUDE: GERIATRIC PSYCHIATRY DAY HOSPITAL TRANSPORTATION, SUPPORTIVE HOUSING FOR THE EATING DISORDERS DAY HOSPITAL, SUPPORTIVE HOUSING FOR MALE SUBSTANCE ABUSE PATIENTS, THE JH SUMMER JOBS PROGRAM, EAST BALTIMORE DEVELOPMENT INC., HISTORIC EAST BALTIMORE COMMUNITY ACTION COALITION, NORTHEAST MARKET STROKE SCREENING PROGRAM, TRANSPORTATION ON-CALL PROGRAM, THE ACCESS PARTNERSHIP, AND COMMUNITY CHATS.

PART III, LINE 4: BAD DEBT EXPENSE AT COST IS DETERMINED USING THE SAME COST-TO-CHARGE RATIO THAT IS USED TO CALCULATE CHARITY CARE AND UNREIMBURSED MEDICAID.

DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE.

MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL. DUE TO THE RATE REGULATION, THE JOHNS HOPKINS HOSPITAL (JHH) CANNOT DETERMINE THE AMOUNT THAT COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY. THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT EXPENSE. THE FINANCIAL STATEMENTS SHOW THE PROVISION FOR BAD DEBTS AS A SEPARATE LINE ITEM IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS UNDER OPERATING EXPENSES.

PART III, LINE 8: THE TRIAL BALANCE EXPENSES ARE ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH THE MEDICARE COST REPORTING RULES AND REGULATIONS.

Part VI Supplemental Information

PART III, LINE 9B: THE HOSPITAL CONFORMS TO THE PRINCIPLES AND STANDARDS OF THE MHA HOSPITAL BILLING AND DEBT COLLECTION PRACTICES PRINCIPLES AS WELL AS THE MHA MINIMUM STANDARDS FOR FINANCIAL ASSISTANCE IN MARYLAND HOSPITALS.

PART VI, LINE 2: JHH USES A VARIETY OF METHODS TO IDENTIFY THE COMMUNITY NEEDS. JHH AND OTHER HOSPITAL IN THE BALTIMORE REGION AND BALTIMORE CITY HEALTH DEPARTMENT HAVE UNDERTAKEN AN EFFORT TO SHARE HEALTH DATA/INFORMATION THAT CAN LEAD TO A BETTER QUALITY OF LIFE FOR ALL RESIDENTS OF BALTIMORE CITY. AS SUCH, THE BALTIMORE CITY HEALTH DEPARTMENT CONVENED A COMMUNITY HEALTH ASSESSMENT MEETING IN OCTOBER 2011 THAT BROUGHT TOGETHER LEADERS FROM ALL OF THE HOSPITALS IN BALTIMORE CITY. MEETINGS WITH EAST BALTIMORE ELECTED OFFICIALS, BALTIMORE CITY ELECTED OFFICIALS AND CITY DEPARTMENTAL OFFICIALS, COMMUNITY LEADERS, FAITH-BASED ORGANIZATION LEADERS, AND COMMUNITY-BASED ORGANIZATIONS WITH A SPECIFIC AGENDA FOCUSED ON COMMUNITY NEEDS WERE USED FOR GATHERING INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL. AS PART OF AN ONGOING AND CONTINUOUS COMMUNITY HEALTH NEEDS IDENTIFICATION PROCESS, JHH SENIOR LEADERSHIP AND JHH STAFF MEMBERS IN THE OFFICE OF EAST BALTIMORE COMMUNITY AFFAIRS, OFFICE OF COMMUNITY HEALTH, AND OFFICE OF COMMUNITY SERVICES MEET REGULARLY AND ON AN AD-HOC REQUEST BASIS WITH COMMUNITY STAKEHOLDERS.

JHH SENIOR LEADERSHIP SERVES ON THE BOARDS OF THE EAST BALTIMORE DEVELOPMENT INC. (EBDI) AND THE HISTORIC EAST BALTIMORE COMMUNITY ACTION COALITION (HEBCAC). BOTH INITIATIVES INCLUDED SIGNIFICANT INVOLVEMENT FROM COMMUNITY MEMBERS, NONPROFIT ORGANIZATIONS, GOVERNMENT REPRESENTATIVES AND THE BUSINESS COMMUNITY. DISCUSSIONS AT EBDI AND

Part VI Supplemental Information

HEBCAC MEETINGS HAVE COVERED A RANGE OF TOPICS RELATED TO QUALITY OF LIFE IN EAST BALTIMORE, AND WAYS IN WHICH JOHNS HOPKINS MIGHT CONTINUE TO WORK TOGETHER WITH ELECTED OFFICIALS FROM EAST BALTIMORE ON MEASURES TO ADVANCE EDUCATION, WORKFORCE DEVELOPMENT, EMPLOYMENT OPPORTUNITIES, PUBLIC SAFETY, AND ECONOMIC AND NEIGHBORHOOD DEVELOPMENT IN THE AREAS AROUND THE JOHNS HOPKINS EAST BALTIMORE MEDICAL CAMPUS. JHH OFFICE OF EAST BALTIMORE COMMUNITY AFFAIRS STAFF MEMBERS SERVE ON THE BOARD OF THE URBAN HEALTH INSTITUTE AND ARE INVOLVED IN PLANNING AND COORDINATION OF THE COMMUNITY HEALTH INITIATIVE AND ITS FIRST PHASE COMMUNITY HEALTH ASSESSMENT. SECONDARY DATA WERE COLLECTED FROM A VARIETY OF LOCAL, COUNTY, AND STATE SOURCES TO PRESENT A COMMUNITY PROFILE, ACCESS TO HEALTH CARE, CHRONIC DISEASES, SOCIAL ISSUES AND OTHER HEALTH INDICATORS.

PART VI, LINE 3: JHH WILL PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY BASIS IN THEIR LOCAL NEWSPAPERS AND WILL POST NOTICES OF AVAILABILITY AT PATIENT REGISTRATION SITES, ADMISSIONS/BUSINESS OFFICE, THE BILLING OFFICE AND AT THE EMERGENCY DEPARTMENT WITHIN JHH. NOTICE OF AVAILABILITY WILL ALSO BE SENT TO PATIENTS ON PATIENT BILLS. A PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET WILL BE PROVIDED TO INPATIENTS BEFORE DISCHARGE AND WILL BE AVAILABLE TO ALL PATIENTS UPON REQUEST.

JHH (FINANCIAL COUNSELORS/PATIENT FINANCIAL SERVICES REPRESENTATIVES, SOCIAL SERVICES DEPARTMENT PERSONNEL AND/OR MEDICAL ASSISTANCE/MEDICAID ELIGIBILITY TECHNICIAN) WILL PROVIDE PATIENTS WITH ASSISTANCE IN DETERMINING ELIGIBILITY FOR AND MAKING APPLICATION TO A VARIETY OF SPECIAL ENTITLEMENT PROGRAMS THAT PROVIDE FINANCIAL ASSISTANCE BOTH TOWARD PAYMENT OF MEDICAL BILLS AND GENERAL EXPENSES. THE FINANCE DEPARTMENT, IN CONJUNCTION WITH THE SOCIAL SERVICES DEPARTMENT, WILL INTERVIEW PATIENTS

Part VI Supplemental Information

TO DETERMINE POTENTIAL ELIGIBILITY FOR MARYLAND MEDICAL ASSISTANCE AS WELL AS OTHER SPECIAL PROGRAMS.

PART VI, LINE 4: JHH GEOGRAPHIC SERVICE AREA IS URBAN.
THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN. THE CBSA IS DEFINED BY THE GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING SEVEN ZIP CODES: 21213, 21205, 21224, 21218, 21202, 21231 AND 21206.
THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS: TOTAL POPULATION WAS 243,919 OF WHICH 48.72% WERE MALES AND 51.28% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS $52,591, 38.7% OF RESIDENTS ARE UNINSURED, 28.8% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 25.6% OF PEOPLE HAD INCOME BELOW THE FEDERAL POVERTY GUIDELINES.
NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 25
FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY .

PART VI, LINE 5: FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE - CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY INSURED, COMMERCIALLY INSURED, OR SELF PAY ARE CHARGED THE SAME PRICE FOR SERVICES

Part VI Supplemental Information

AT ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY - THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO:

1. PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF HOSPITALS;
2. REVIEW AND APPROVE HOSPITAL RATES;
3. COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND,
4. MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON HTTP://WWW.HSCRC.STATE.MD.US/COMMUNITY BENEFITS/DOCUMENTS/ CBR FY2007 FINAL REPORT.PDF.

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATIONS HOSPITALS. HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT.

LINE 7B - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY

Part VI Supplemental Information

THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

LINE 7F COLUMN (D) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO HEALTH PROFESSIONS EDUCATION.

PART VI, LINE 6: THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHS) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES. JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER

Part VI Supplemental Information

INSTITUTION IN THIS COUNTRY OR ABROAD.

JHHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC. (HCGH), A COMMUNITY BASED HOSPITAL, SUBURBAN HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL (SMH), A D.C. COMMUNITY BASED HOSPITAL, AND ALL CHILDRENS HOSPITAL, INC (ACH), A FL ACADEMIC CHILDRENS HOSPITAL.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number 52-0591656

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed .... ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC - 3910 KESWICK RD, S BLDG, STE 4300A - BALTIMORE, MD 21211	52-1467441	501(C)(3)	2,687,781.	0.			SERVICES TO UNINSURED PATIENTS
THE CHILDREN'S HOUSE AT JOHNS HOPKINS HOSPITAL, INC - 1915 MCELDERRY STREET - BALTIMORE, MD 21205	52-1619682	501(C)(3)	70,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
NATIONAL MARFAN FOUNDATION 22 MANHASSET AVENUE PORT WASHINGTON, NY 11050	52-1265361	501(C)(3)	6,250.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
HEATHER ANN RICCI MEMORIAL FUND, INC - 2408 EDWARDS MANOR DR - FOREST HILL, MD 21050	20-1095235	501(C)(3)	5,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
NATIONAL KIDNEY FOUNDATION OF MD 1107 KENILWORTH DRIVE, STE 202 BALTIMORE, MD 21204	52-6069952	501(C)(3)	11,300.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
THE LIVING LEGACY FOUNDATION OF MARYLAND - 1730 TWIN SPRINGS RD - BALTIMORE, MD 21227	52-1736533	501(C)(3)	5,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY

2 Enter total number of section 501(c)(3) and government organizations .... ▶ 6.

3 Enter total number of other organizations .... ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL GRANT PROGRAMS ADMINISTERED BY JOHNS HOPKINS HOSPITAL TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☒ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
1 EDWARD D. MILLER, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	384,310.	154,003.	1727177.	11,025.	1,174.	2,277,689.	1,292,881.
2 RONALD R. PETERSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1051740.	392,713.	175,852.	223,972.	22,645.	1,866,922.	0.
3 RICHARD O. DAVIS, PH.D	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	266,712.	66,983.	201,808.	11,025.	26,949.	573,477.	0.
4 KENNETH GRANT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	274,341.	71,238.	76,727.	11,025.	24,183.	457,514.	54,975.
5 DALAL J. HALDEMAN, PH.D	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	256,422.	65,702.	17,831.	51,917.	21,836.	413,708.	0.
6 KAREN B. HALLER, PH.D.	(i)	291,618.	55,974.	19,691.	21,121.	21,262.	409,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 HARRY KOFFENBERGER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,355.	50,929.	62,281.	10,247.	7,214.	302,026.	0.
8 SALLY W. MACCONNELL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	308,469.	81,670.	119,133.	11,025.	13,916.	534,213.	28,161.
9 PAMELA D. PAULK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	358,095.	93,834.	98,982.	11,025.	11,369.	573,305.	0.
10 JOANNE E. POLLAK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	470,238.	152,548.	191,409.	11,025.	29,293.	854,513.	0.
11 JUDY A. REITZ, SC.D	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	476,374.	142,210.	249,714.	11,025.	22,055.	901,378.	0.
12 G. DANIEL SHEALER, JR.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	285,188.	77,567.	84,102.	11,025.	24,500.	482,382.	0.
13 RONALD J. WERTHMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	521,650.	137,220.	200,441.	11,025.	24,035.	894,371.	0.
14 SAMUEL H. CLARK, JR.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	212,676.	55,118.	21,653.	91,537.	17,036.	398,020.	0.
15 STUART ERDMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	268,282.	56,726.	76,007.	103,925.	21,123.	526,063.	57,046.
16 EDWARD B. CHAMBERS	(i)	220,662.	19,513.	73,608.	15,045.	24,197.	353,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
1 ROBERT SCHEU	(i)	220,837.	37,380.	211.	35,255.	23,844.	317,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN HUNDT	(i)	203,200.	30,968.	31,134.	11,025.	9,284.	285,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 STEVEN MANDELL	(i)	200,946.	28,296.	6,123.	10,882.	25,378.	271,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JAMES SCHEULEN	(i)	185,645.	21,782.	47,010.	9,623.	21,993.	286,053.	8,785.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SHELLEY BARANOWSKI	(i)	178,915.	14,783.	3,160.	9,252.	27,487.	233,597.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JANE HILL	(i)	178,260.	17,409.	5,158.	9,091.	19,913.	229,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 RENEE DEMSKI	(i)	194,728.	27,507.	16,779.	10,370.	24,151.	273,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 TERRY LANGBAUM	(i)	191,305.	24,341.	1,688.	9,953.	19,923.	247,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 CHRISTINA LUNDQUIST	(i)	196,836.	18,851.	68,849.	10,865.	7,934.	303,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DIANN SNYDER	(i)	149,159.	14,780.	4,715.	7,817.	21,560.	198,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DANIEL ASHBY	(i)	171,051.	24,540.	17,068.	9,259.	24,648.	246,566.	1,780.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 RICHARD THOMAS	(i)	175,501.	31,440.	3,548.	9,542.	19,574.	239,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 KAREN DAVIS	(i)	157,127.	16,929.	8,509.	8,021.	20,390.	210,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 MARTIN BLEDSOE	(i)	145,485.	19,684.	24,480.	8,671.	19,771.	218,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 JAMES HEDEMAN	(i)	158,646.	14,575.	1,368.	7,975.	16,130.	198,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 HOWARD GWON	(i)	159,213.	22,562.	42,516.	8,378.	17,808.	250,477.	11,879.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
1 SHARON KRUMM	(i)	158,634.	19,631.	7,948.	8,138.	9,248.	203,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CHARLES BARBARA	(i)	161,599.	16,530.	29,811.	13,631.	15,803.	237,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JAHANSHA BEHZAD	(i)	154,512.	17,571.	52,804.	7,957.	19,187.	252,031.	9,564.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 WALKER WYLIE	(i)	199,982.	45,846.	169,331.	11,025.	22,292.	448,476.	74,884.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LOUIS CROCETTI, III	(i)	145,624.	10,000.	43,612.	7,268.	21,122.	227,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KAREN HAUCK	(i)	181,599.	2,000.	905.	8,701.	16,267.	209,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ALAN COLTRI	(i)	163,227.	18,881.	20,081.	8,607.	24,560.	235,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 STEPHANIE HUGHES	(i)	100,793.	2,000.	75,591.	7,045.	21,896.	207,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: OFFICERS AND CERTAIN KEY EMPLOYEES OF THE JOHNS HOPKINS HOSPITAL WERE PROVIDED A GROSS UP ON THEIR DEPENDENT TUITION AMOUNTS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVED ALL GROSS UPS. PROPER BUSINESS DOCUMENTATION WAS PROVIDED AND THE GROSS UP WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.

PART I, LINE 1B: AN INTERNAL POLICY IS USED TO AWARD OFFICERS AND KEY EMPLOYEES GROSS UP PAYMENTS ON DEPENDENT TUITION.

PART I, LINE 4B: MAKE WHOLE PLAN & SERP I PLAN:

THE MAKE WHOLE AND SERP I PLANS ARE FROZEN, NON-TAX QUALIFIED DEFINED BENEFIT PLANS. PARTICIPATION IN THE PLANS IS LIMITED TO THE EXISTING PLAN PARTICIPANTS. THE BENEFITS UNDER THE PLANS ARE BASED UPON THE PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED DEFINED BENEFIT PLAN. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. FURTHERMORE, IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER THE MAKE WHOLE PLAN, THE PARTICIPANT'S ENTIRE MAKE WHOLE PLAN BENEFIT IS FORFEITED. IF A PARTICIPANT TERMINATES EMPLOYMENT FOR ANY REASON PRIOR TO THE APPLICABLE VESTING DATE UNDER THE SERP I, THE PARTICIPANT'S ENTIRE SERP I BENEFIT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY MAKE WHOLE PLAN OR SERP I VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

SERP II PLAN & SRP PLAN:

THE SERP II AND SRP PLANS ARE ACTIVE; NON-TAX QUALIFIED DEFINED

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

CONTRIBUTION TARGET BENEFIT PLANS. THE PLANS ARE DESIGNED TO ACHIEVE A REASONABLE TARGETED RETIREMENT BENEFIT LEVEL FOR EACH PARTICIPANT (IN COMBINATION WITH THE OTHER RETIREMENT PROGRAMS OF THE EMPLOYER) BASED UPON CERTAIN CRITERIA, SUCH AS EACH PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER EACH ARRANGEMENT, THE PARTICIPANT'S ACCOUNT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY SERP II OR SRP PLAN VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN(C): CHARLES BARBARA $5,436; EDWARD B. CHAMBERS $4,020; STUART ERDMAN $92,900; DALAL HALDEMAN $40,892; KAREN B. HALLER $10,096; RONALD R. PETERSON $212,947; ROBERT SCHEU $24,230; AND SAMUEL H. CLARK, JR $80,512.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON PRIOR YEARS FORMS 990:
MARTIN BLEDSOE $928.00; RICHARD O. DAVIS $155,209.42; STUART ERDMAN $57,046.42; KENNETH GRANT $54,975.37; JOHN HUNDT $20,120.00; HARRY KOFFENBERGER $44,152.00; PAMELA D. PAULK $75,913.34; SALLY W. MCCONNELL $80,238.64; JOANNE E. POLLAK $152,549.78; JUDY A. REITZ $191,095.01; G. DANIEL SHEALER, JR. $49,518.71; DIANN SYNDER $2,100.00; RENEE DEMSKI $

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

6,640.00; JANE HILL $3,942.00; RONALD J. WERTHMAN $158,941.73; EDWARD D. MILLER, M.D. $1,706,684.51; WALKER G. WYLIE $151,711.43; JAMES SCHEULEN $45,260.36; CHRISTINA LUNDQUIST $43,422.50; DANIEL ASHBY $15,877.67; RICHARD THOMAS $1,992.00; HOWARD GWON $41,408.40; SHARON KRUMM $6,431.88; AND JAHANSHA BEHZAD $52,014.87.

PART I, LINE 7: BONUSES: THE BONUSES ARE ISSUED ON A WEIGHTED FORMULA BASED ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE COMPENSATION COMMITTEE EACH YEAR. THEY ARE REVIEWED BY MANAGEMENT THAT USES DISCRETION TO DETERMINE PAYMENT.

DEPENDENT TUITION REIMBURSEMENT: THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S FULL TIME UNDERGRADUATE TUITION AND MANDATORY ACADEMNIC FEES, UP TO A MAXIMUM OF 50% OF THE JOHNS HOPKINS UNIVERSITY'S FRESHMAN UNDERGRADUATE TUITION FOR EACH ELIGIBLE DEPENDENT. EMPLOYEES WHO HAVE A MINIMUM OF TWO YEARS OF CONTINUOUS SERVICE ARE ELIGIBLE. THE DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR UNIVERSITY AND IN GOOD ACADEMIC STANDING. PAYMENT IS LIMITED TO FOUR YEARS OF FULL TIME,

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

UNDERGRADUATE STUDY PER DEPENDENT CHILD.

TUITION REIMBURSEMENT: TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF $10,000 PER ACADEMIC YEAR. TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST PURSUE A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR ANOTHER POSITION WITHIN THE ORGANIZATION.

SCHEDULE J, PART II, COLUMN F

THE AMOUNT REPORTED IN COLUMN F REPRESENTS THE AMOUNT OF A PAYMENT REPORTED IN COLUMN B THAT WAS ALREADY REPORTED ON PRIOR 990S AS DEFERRED COMPENSATION. THE AMOUNT REPORTED COULD BE DIFFERENT THAN THE TOTAL AMOUNT PREVIOUSLY REPORTED ON PRIOR YEAR 990S BECAUSE PARTICIPANTS HAVE ACCRUED BENEFITS UNDER OUR DEFERRED COMPENSATION PLAN FOR MANY YEARS AND SOME PLANS ORIGINATED IN THE 1980S. THEREFORE IT IS DIFFICULT TO IDENTIFY THE ENTIRE PREVIOUSLY REPORTED AMOUNT FOR THIS EXTENDED PERIOD OF TIME. PRIOR YEAR RETURNS AND WORK PAPERS WERE USED TO DETERMINE OUR BEST ESTIMATE OF THE PREVIOUSLY REPORTED AMOUNTS AND PLACED IN COLUMN F. THE AMOUNT IN

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

COLUMN F MAY ALSO BE DIFFERENT THAN THE AMOUNT REPORTED IN COLUMN B (III) DUE TO GAINS/LOSSES THAT HAVE ACCRUED OVER THE YEARS, AND SOME INDIVIDUALS WERE NOT REQUIRED TO BE REPORTED IN ALL PRIOR YEARS. SINCE THIS IS A NEW REQUIREMENT OF THE IRS, GOING FORWARD WE HAVE ADOPTED A SPREADSHEET THAT WILL TRACK THE DEFERRED COMPENSATION REPORTED ON THE 990 BY EACH YEAR TO REMAIN IN COMPLIANCE WITH SCHEDULE J, PART II, COLUMN F.

ENTITY 1

SCHEDULE K (Form 990)
Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL
Employer identification number: 52-0591656

Part I Bond Issues SEE PART V FOR COLUMNS (A) AND (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574212BB1	03/06/03	70,814,997.	REFUND 6/24/99, 7/1/01, 6/17/97 B		X		X		X
B	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	57421U5AA	02/09/04	75,165,000.	REFUND PRIOR ISSUES 6/22/93.		X		X		X
C	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	57421XAA6	03/01/04	60,000,000.	REFUND PRIOR ISSUES 6/29/98, R		X		X		X
D	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	57422AC96	11/13/07	40,000,000.	FINANCE OR REFINANCE THE ACQ		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	54,100,000.	20,540,000.	15,000,000.	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	70,814,997.	75,165,000.	60,000,000.	40,000,000.
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	262,862.			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	715,439.			167,569.
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	15,351,158.			39,832,431.
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				2007

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X	X			X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

ENTITY 2

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I Bond Issues SEE PART V FOR COLUMNS (A) AND (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	57422B7M9	04/02/08	168,650,000.	REFUND PRIOR ISSUE 10/25/07. S		X		X		X
B	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574217X83	06/26/08	150,002,476.	CONSTRUCTION AND EQUIPMENT FOR CAR		X		X		X
C	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	5742176Z3	06/16/10	150,000,216.	CONSTRUCTION AND EQUIPPING OF TWO		X		X		X
D	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	57421XNP9	08/26/08	15,000,000.	FINANCE BUILDING CONSTRUCTION AND		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	168,650,000.	150,002,476.	150,000,216.	15,000,000.
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		150,002,476.	150,000,216.	15,000,000.
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion		2012	2012	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X		X	X	

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL
Employer identification number: 52-0591656

Part I Bond Issues SEE PART V FOR COLUMNS (A) AND (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574217H65	10/25/07	168,650,000.	2007A AND 2007B SERIES TO ADVANCE		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	168,650,000.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	168,650,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	117,893,011.			
7	Issuance costs from proceeds	1,446,626.			
8	Credit enhancement from proceeds	1,587,551.			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		.00 %		.00 %		.49 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		.04 %	
6 Total of lines 4 and 5	.00 %		.00 %		.00 %		.53 %	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?	X		X		X		X	
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	N/A		N/A		N/A		N/A	
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
6 Did the bond issue qualify for an exception to rebate?		X	X		X		X	

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

Part III Private Business Use (Continued)

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X	X	
b Are there any research agreements that may result in private business use of bond-financed property?	X			X		X	X	
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.15 %		.00 %		.00 %		.00 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.09 %		.00 %		.00 %		.00 %	
6 Total of lines 4 and 5	.24 %		.00 %		.00 %		.00 %	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?	X			X		X		X
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	MERRILL LYNCH AND CO		N/A		N/A		N/A	
c Term of hedge	30.8000000							
d Was the hedge superintergrated?		X						
e Was the hedge terminated?		X						
4a Were gross proceeds invested in a GIC?	X			X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
5 Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
6 Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

Part III Private Business Use (Continued)

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b Are there any research agreements that may result in private business use of bond-financed property?	X							
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		%		%		%	
6 Total of lines 4 and 5	.00 %		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?	X							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	MERRILL LYNCH AND CO							
c Term of hedge	30.8000000							
d Was the hedge superintergrated?		X						
e Was the hedge terminated?		X						
4a Were gross proceeds invested in a GIC?	X							
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
5 Were any gross proceeds invested beyond an available temporary period?	X							
6 Did the bond issue qualify for an exception to rebate?	X							

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME:
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY
(F) DESCRIPTION OF PURPOSE: REFUND 6/24/99, 7/1/01, 6/17/97 BONDS.

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUES 6/22/93.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

REFUND PRIOR ISSUES 6/29/98, REVOLVING COMMERCIAL PAPER PROGRAM.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

FINANCE OR REFINANCE THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPMEN

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE 10/25/07. SERIES E AND F

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION AND EQUIPMENT FOR CARDIOVASCULAR, CRITICAL CARE AND CHILDRENS.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION AND EQUIPPING OF TWO MEDICAL TOWERS.

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

FINANCE BUILDING CONSTRUCTION AND ACQUISITION OF EQUIPMENT

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

2007A AND 2007B SERIES TO ADVANCE REFUND 1999 AND 2003 BONDS

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number 52-0591656

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	2	10,500.	APPRAISED FMV
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... 29 | 1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE JOHNS HOPKINS HOSPITAL RECEIVED ONE PAINTING BY JOSEPH SHEPPARD AND ONE PAINTING BY GRACE HARTIGAN.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	**Supplemental Information to Form 990 or 990-EZ** Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	OMB No. 1545-0047 **2010** Open to Public Inspection

Name of the organization	Employer identification number
THE JOHNS HOPKINS HOSPITAL	52-0591656

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS.

THE JOHNS HOPKINS HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE JOHNS HOPKINS HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS.

THE JOHNS HOPKINS HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE JOHNS HOPKINS HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

MISSION TO THE ENTIRE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR PHYSICIANS ARE ABLE TO BRING NEW AND EXCEPTIONAL TREATMENTS TO OUR ADULT AND PEDIATRIC PATIENTS FASTER BECAUSE OF OUR TIGHT NETWORK OF EXPERTS WHO SPECIALIZE IN CONDITIONS SUCH AS BRAIN TUMOR, CEREBROVASULAR DISEASE, SPINAL DEFORMITY, TUMORS AND REPAIR AND TRAUMA. WE OPERATE SEVERAL NEUROLOGICAL CENTERS OF CARE AT JOHNS HOPKINS HOSPITAL INCLUDING THE EPILEPSY CENTER AT JOHNS HOPKINS WHICH EVALUATES AND CARES FOR PATIENTS WITH SEIZURE DISORDERS FROM INFANTS THROUGH THE ELDERLY. A UNIQUE ASPECT OF OUR EPILEPSY CENTER IS THAT WE PROVIDE A CONTINUUM OF CARE FOR OUR PATIENTS ACROSS THE AGE SPECTRUM. OUR COMPREHENSIVE BRAIN TUMOR CENTER IS ONE OF THE LARGEST BRAIN TUMOR TREATMENT AND RESEARCH CENTERS IN THE WORLD. WE TREAT AN EXTREMELY LARGE NUMBER OF PATIENTS AFFECTED BY ALL TYPES OF BRAIN TUMORS. WE TAILOR THE BEST AND MOST ADVANCED THERAPIES THAT EACH UNIQUE TUMOR DEMANDS. OUR TEAM CONSISTS OF SKILLED SURGEONS AND NEUROLOGISTS THAT CAN PROVIDE THE MOST EFFECTIVE AND SAFEST TREATMENT EVEN ON THE MOST CHALLENGING TYPES OF TUMORS. PATIENTS COME TO JOHNS HOPKINS FOR NEUROLOGICAL CARE FROM THE LOCAL BALTIMORE COMMUNITY AND THE MID-ATLANTIC REGION AS WELL AS FROM AROUND THE NATION AND THE WORLD TO RECEIVE THE MOST CUTTING-EDGE CARE, AND FIND THAT WE ARE A PLACE OF HOPE AND CARE.

IN FISCAL-YEAR 2011, WE PROVIDED OVER 30,000 OUTPATIENT CONSULTATIONS AND PERFORMED MORE THAN 4,000 BRAIN, TUMOR, VASCULAR AND PERIPHERAL NERVE OPERATIONS IN THE JOHNS HOPKINS OUTPATIENT CENTER. IN OUR

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

HOSPITAL, WE ALSO PROVIDED CARE TO 2,400 ADULT AND 537 PEDIATRIC PATIENTS WITH NEUROSURGICAL DISEASES.

IN APRIL 2012, THE JOHNS HOPKINS HOSPITALS NEW CLINICAL TOWERS THE SHEIKH ZAYED TOWER AND THE CHARLOTTE R. BLOOMBERG CHILDRENS CENTER WILL OPEN, OFFERING ENHANCED LEVELS OF NEUROLOGICAL AND NEUROSURGICAL CARE. THE OPENING OF THESE NEW STATE-OF-THE ART FACILITIES WILL ALLOW US TO PROVIDE ADVANCED PATIENT-FOCUSED SERVICES, INCLUDING A NEW 24-BED NEUROLOGICAL CRITICAL CARE UNIT WITH A DEDICATED OPERATING ROOM AND AN ENHANCED EPILEPSY MONITORING UNIT EQUIPPED WITH ADVANCED COMPUTER-BASED TECHNOLOGY, SPECIFICALLY DESIGNED FOR THE EVALUATION OF ADULT AND PEDIATRIC SEIZURE DISORDERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PHYSICIANS WHO DIAGNOSE AND TREAT COMMON AND RARE CARDIAC DISEASES. SOME OF THESE INCLUDE CORONARY ARTERY DISEASE, CARDIAC ARRHYTHMIA, HEART FAILURE AND VALVULAR HEART DISEASE.

DURING FISCAL-YEAR 2011, MORE THAN 1,150 ADULT AND PEDIATRIC CARDIAC SURGERY PROCEDURES WERE PERFORMED AT THE JOHNS HOPKINS HOSPITAL. OUR LARGE VOLUME, CONSISTING OF MANY COMPLEX AND COMPLICATED PROCEDURES IN ALL AREAS, INCLUDING PEDIATRIC AND AORTIC CARDIAC PROCEDURES, ASSURES PATIENTS THAT THEY ARE RECEIVING THE BEST CARE POSSIBLE FROM SOME OF THE MOST EXPERIENCED AND EXPERTLY SKILLED SURGEONS IN THE WORLD. THE SURGEONS OF THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE SPECIALIZE IN CORONARY ARTERY BYPASS SURGERY, VALVE REPLACEMENT, COGENTIAL CARDIAC SURGERY AND MINIMALLY-INVASIVE CARDIAC SURGERY.

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

IN ADDITION TO OFFERING GROUND-BREAKING TECHNOLOGY, OUR SURGICAL PROGRAM PROVIDES PATIENTS WITH THE ADVANTAGE OF AN ON-SITE MULTI-DISCIPLINARY TEAM OF CARDIOLOGISTS, ELECTROPHYSIOLOGISTS, INTERVENTIONAL RADIOLOGISTS, VASCULAR SURGEONS, ADVANCED PRACTICE NURSES, NURSE PRACTITIONERS, DIETITIANS, PHYSICAL THERAPISTS, AND SOCIAL WORKERS. THIS TEAM OFTEN EXPANDS TO INCLUDE IMMEDIATE CARE FROM ON-SITE PHYSICIANS FROM EVERY MEDICAL SPECIALTY REQUIRED. OUR MULTI-DISCIPLINARY APPROACH AND EXPERTISE HAS GAINED US THE REPUTATION OF BEING THE BEST-PREPARED SURGICAL PRACTICE TO HANDLE PROCEDURES THAT MAY BE COMPLEX AND/OR COMPLICATED BY UNDERLYING ILLNESS OR AGE.

THE JOHNS HOPKINS HOSPITAL HAS BEEN RANKED #1 IN THE 2011 U. S. NEWS & WORLD REPORT RANKINGS OF AMERICAN HOSPITALS. OUR CARDIOVASCULAR PROGRAM HAS BEEN RANKED #3 IN THE COUNTRY AND WILL CONTINUE TO STRIVE TO PROVIDE THE BEST PATIENT CARE AND MOST INNOVATIVE TREATMENT OPTIONS TO OUR PATIENTS AND THEIR FAMILIES.

IN APRIL 2012, ALL DEPARTMENTS UNDER THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE WILL MOVE INTO THEIR NEW LOCATION IN THE SHEIKH ZAYED TOWER. THIS INCLUDES CARDIOLOGY, CARDIAC SURGERY, VASCULAR SURGERY, AND IMAGING SERVICES. THE NEW FACILITIES WILL ALLOW OUR PHYSICIANS AND STAFF TO CONTINUE PROVIDING CUTTING-EDGE CARE, WHILE GIVING PATIENTS AND THEIR FAMILIES A MORE WELCOMING EXPERIENCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDING BONE MARROW TRANSPLANTATION AND NEW DRUG DEVELOPMENT. THE STRENGTH OF OUR RESEARCH AND TREATMENT PROGRAMS WAS RECOGNIZED EARLY ON BY THE NATIONAL CANCER INSTITUTE, BECOMING ONE OF THE FIRST TO EARN

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

COMPREHENSIVE CANCER CENTER STATUS AND RECOGNITION AS A CENTER OF EXCELLENCE.

DURING FISCAL-YEAR 2011, MORE THAN 3,100 INPATIENTS WERE TREATED AT THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AND THERE WERE APPROXIMATELY 80,000 OUTPATIENT VISITS MADE TO THE JOHNS HOPKINS HOSPITAL BY ONCOLOGY PATIENTS. PATIENTS WHO VISIT THE KIMMEL CANCER CENTER HAVE ACCESS TO SOME OF THE MOST INNOVATIVE AND ADVANCED THERAPIES IN THE WORLD. BECAUSE KIMMEL CANCER CENTER RESEARCH SCIENTISTS AND CLINICIANS WORK CLOSELY TOGETHER, NEW DRUGS AND TREATMENTS DEVELOPED IN THE LABORATORY ARE QUICKLY TRANSFERRED TO THE CLINICAL SETTING, OFFERING PATIENTS CONSTANTLY IMPROVED THERAPEUTIC OPTIONS.

THE KIMMEL CANCER CENTERS BONE MARROW TRANSPLANT PROGRAM (BMT), HAS BEEN AN INTERNATIONALLY RENOWNED PROGRAM IN THE AREA OF BLOOD AND MARROW TRANSPLANTATION FOR MORE THAN 30 YEARS. IN THAT TIME, BMT HAS BECOME AN ACCEPTED, CURATIVE THERAPY FOR A BROAD RANGE OF DISEASES, INCLUDING MALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS LEUKEMIAS AND LYMPHOMAS, NONMALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS APLASTIC ANEMIA AND A VARIETY OF INHERITED DISEASES. TO DATE, MORE THAN 3,000 BONE MARROW TRANSPLANTS HAVE BEEN PERFORMED AT JOHNS HOPKINS, A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER THAT IS FULLY ACCREDITED BY THE NATIONAL MARROW DONOR PROGRAM AS AN UNRELATED DONOR TRANSPLANT CENTER.

THE WORK BY CENTER INVESTIGATORS IN CANCER GENETICS AND EPIGENETICS IS RECOGNIZED AS THE CLASSIC MODEL FOR DECIPHERING THE MECHANISMS OF CANCER INITIATION AND PROGRESSION. THE PIONEERING RESEARCH THAT

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DEFINED CANCER AS A GENETIC DISEASE WAS DONE AT OUR CENTER. THESE DISCOVERIES LED TO THE FIRST GENETIC TESTS FOR A HEREDITARY CANCER AND A SCREENING STOOL TEST FOR COLON CANCER. OUR INVESTIGATORS WERE THE FIRST TO MAP A CANCER GENOME, DECIPHERING THE GENETIC BLUEPRINTS FOR COLON, BREAST, PANCREATIC, AND BRAIN CANCERS. OF THE 75 CANCERS FOR WHICH ALL GENES HAVE BEEN SEQUENCED, 68 HAVE BEEN DONE AT THE KIMMEL CANCER CENTER. THESE DISCOVERIES HAVE PAVED THE WAY FOR PERSONALIZED THERAPIES WITH OUR INVESTIGATORS UNDERTAKING THE FIRST USE OF PERSONALIZED GENOME SCANNING TO REVEAL THE GENE MUTATION THAT CAUSED A PERSONS INHERITED FROM OF PANCREATIC CANCER.

FORM 990, PART VI, SECTION A, LINE 7A: JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT PARENT ORGANIZATION OF THE JOHNS HOPKINS HOSPITAL ELECTS THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B: THE GOVERNING BODY OF THE JOHNS HOPKINS HOSPITAL IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11: A SECURED WEBSITE PROVIDES ACCESS TO THE COPY OF THE FORM 990 TO THE ORGANZIATION'S GOVERNING BODY BEFORE IT IS FILED. FOR THE 2010 YEAR ONLY, SCHEDULE B WAS NOT PROVIDED TO THE GOVERNING BODY BEFORE FILING OF THE FORM 990 BECAUSE OF SUBSTANTIAL ANONYMOUS DONATIONS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL FINANCIAL AUDIT CONFIRMATION PROCESS PROVIDED ONLINE.

Name of the organization: THE JOHNS HOPKINS HOSPITAL

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ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT PEER INSTITUTIONS. EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS.

FORM 990, PART VI, SECTION C, LINE 19: INTERNAL POLICIES, INCLUDING CONFLICT OF INTEREST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN THE PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	25,903,793.
AUDIT/BOOK ADJUSTMENT	212.
MINIMUM PENSION LIABILITY	49,239,521.
CHANGE IN MKT VAL. OF SWAP AGREEMENT	24,207,127.
NET ASSETS RELEASED	-244,790.
TOTAL TO FORM 990, PART XI, LINE 5	99,105,863.

SCHEDULE K PART II, LINE 8

YEAR OF SUBSTANTIAL COMPLETION

DUE TO REFUNDING, YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE.

SCHEDULE R (Form 990)
Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
JOHNS HOPKINS HEALTH SYSTEM CORPORATION - 52-1465301, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY GENERAL HOSPITAL, INC - 52-2093120, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY LIQUIDATION CORPORATION - 52-0892284, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	INACTIVE TAX-EXEMPT ORGANIZATION	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC - 52-1341890, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC - 52-1467441, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC - 23-7252596, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	MANAGEMENT OF ENDOWMENT	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND,		X
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS PARKING CORPORATION - 31-1475716, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 11A, I	JOHNS HOPKINS PARKING CORPORATION		X
SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
SUBURBAN HOSPITAL, INC. - 52-0610545 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES - 53-0196602, 5255 LOUGHBORO RD, NW, WASHINGTON , DC 20016	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
POTOMAC HOME SUPPORT INC - 52-1750383 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 9	N/A		X
SIBLEY SUBURBAN HOME HEALTH AGENCY - 52-1450142, 6001 MONTROSE ROAD NO 307, ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 9	N/A		X
PEDIATRIC PHYSICIAN SERVICES, INC - 59-3425191, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	PEDIATRIC MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM, INC		X
ALL CHILDREN'S HOSPITAL FOUNDATION, INC - 59-2481738, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	FOUNDATION	FLORIDA	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM, INC		X
ALL CHILDREN'S HOSPITAL, INC - 59-0683252 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	HOSPITAL	FLORIDA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
ALL CHILDREN'S RESEARCH INSTITUTE, INC - 59-2481742, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	RESEARCH	FLORIDA	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM, INC		X
SURGIKID OF FLORIDA, INC - 59-3441883 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM, INC		X
KIDS HOME CARE, INC. - 59-3476049 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	HOME HEALTH CARE	FLORIDA	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM, INC		X
WEST COAST NEONATOLOGY, INC - 59-3398308 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	NEONATAL CARE	FLORIDA	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM, INC		X
ALL CHILDREN'S HEALTH SYSTEM, INC - 59-2481740, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	MANAGEMENT SERVICES	FLORIDA	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
JHMI UTILITIES, LLC - 20-2814243, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	UTILITY FACILITIES	MD	N/A	RELATED	341,688.	70,514,342.		X	2,072.		X	50.00%
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	OPHTHALMOLOGY SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUBURBAN WELLNESS CENTER, LLC - 56-2296930, 20500 GOLDENROD LANE, GERMANTOWN, MD 20874	REAL ESTATE	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GCM SUBURBAN IMAGING, LLC - 52-2326237, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HCP VENTURE ONE CORPORATION - 52-1558858 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A BALTIMORE, MD 21211	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A BALTIMORE, MD 21211	HEALTHCARE MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A
HSI MEDICAL SERVICES CORPORATION - 52-1847705 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A BALTIMORE, MD 21211	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C CORP	N/A	N/A	N/A
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC. - 52-1947678, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	BENEFIT PLANS	MD	N/A	C CORP	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ROCKVILLE IMAGING, LLC - 14-1944128, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CHEVY CHASE IMAGING, LLC - 14-1944126, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	RADIOLOGY SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
TCAS, INC. - 52-1979344 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A
SUBURBAN CONTRACTING CORP, INC. - 52-2188022 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	MEDICARE CONTRACTING	MD	N/A	C CORP	N/A	N/A	N/A
SUBURBAN HEALTH ENTERPRISES, INC. - 52-2052352 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C CORP	N/A	N/A	N/A
SUBURBAN SPECIALTY CARE PHYSICIANS, PC - 52-2116011 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	MULTI SPECIALTY MEDICAL PRACTICE	MD	N/A	C CORP	N/A	N/A	N/A
ACHPOB, INC - 59-2427749 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	MEDICAL OFFICE BUILDING MANAGEMENT	FL	N/A	C CORP	N/A	N/A	N/A
VARIOUS CHARITABLE REMAINDER TRUSTS 3910 KESWICK RD, STE. 4300A BALTIMORE, MD 21211	CHARITABLE REMAINDER TRUSTS	MD	N/A	TRUST	0.	90,822.	100.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d	X	
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Dispropor-tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

032164
12-21-10

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	VARIOUS		.000	HY	16	5,429,394.				5,429,394.			0.	
2	LAND IMPROVEMENTS	VARIOUS		.000	HY	16	8,991,775.				8,991,775.	3,459,916.		423,614.	3,883,530.
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000	HY	16	3,215,285.				3,215,285.	1,710,842.		429,431.	2,140,273.
4	BUILDINGS	VARIOUS		.000	HY	16	429651089.				429651089.	186952187.		24408818.	211361005.
5	FIXED EQUIPMENT	VARIOUS		.000	HY	16	213849102.				213849102.	112347899.		10946520.	123294419.
6	MAJOR MOVEABLE EQUIPMENT	VARIOUS		.000	HY	16	236247031.				236247031.	128411807.		27306203.	155718010.
7	TELEPHONE	VARIOUS		.000	HY	16	997,072.				997,072.	94,861.		104,438.	199,299.
8	SOFTWARE	VARIOUS		.000	HY	16	46561833.				46561833.	12226287.		5,537,472.	17763759.
10	CONSTRUCTION IN PROGRESS	VARIOUS		.000	HY	16	905606622.				905606622.			0.	
	* TOTAL 990 PAGE 10 DEPR						1850549203				1850549203	445203799.		69156496.	514360295.

028111
05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **4562** Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172 **2010** Attachment Sequence No. 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE JOHNS HOPKINS HOSPITAL	FORM 990 PAGE 10	52-0591656

Part I **Election To Expense Certain Property Under Section 179** **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	69,156,496.

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	69,156,496.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.)*

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
	: :	%						
	: :	%						
	: :	%						
27 Property used 50% or less in a qualified business use:								
	: :	%				S/L -		
	: :	%				S/L -		
	: :	%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
	: :				
	: :				
43 Amortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	